



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
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CIH Implementation Subcommittee Meeting Minutes

Date/Time: January 21, 2016 10:00am- 12:00pm

Place: IGCS
402 W Washington Street - W451A
Indianapolis, IN 46204

Attendees:

Cathy Robinson	Kim Woods
Teresa Grossi	Jill Dunn
Kim Dodson	Mark Robinson
Joy Greeney	Steve Sackstedder
Sabra Burnett	Kemberly Dailey-Johnson
Clint Bolser	Janet Dieterly
Jeff Frady	Thom Hayes
Kelly Kaufman	Kelly Barnett (called into the meeting)

➤ Introductions

Topics

➤ **Advisory Subcommittee Objective**

- Information and minutes from the meeting will be posted on the DDRS website, as well as being accessible by the public.
- The committee will have the opportunity to look at all services that are provided in an individual's home/residence
- DDRS is looking for input from stakeholders to provide the information on developing plans and implementing the CIH waiver changes.
- Goal is to utilize this subcommittee to review service definitions and requirements and make recommendations to DDRS on how providers will deliver those services.

➤ **Community Integration & Habilitation Waiver (CIH)**

- One of the purposes of this subcommittee will be to discuss any of the services housed under the CIH Waiver – make recommendations, and discuss concerns, etc.



➤ **CIH Services Definition Changes**

- Everyone is encouraged to read the service definitions – there are some additional requirements as part of the Enhanced Residential Living service as well as training requirements that were not included previously. There are name changes to some of the services, but more importantly there are definition changes and new requirements within those definitions.
- The Center for Medicare/Medicaid Services (CMS) serves as the federal oversight agency for all Medicaid waivers, including 1915(c) HCBS waivers. CMS provides support and technical assistance for our waiver processes in meeting the requirements. Currently, CMS is reviewing our waiver amendment and have the authority to issue formal questions about the waiver amendment and DDRS would be responsible for responding.
- Enhanced Residential Living (ERL) formally known as Residential Habilitation Supports (RHS) – Daily. In the beginning DDRS looked at bundling Transportation and Wellness into ERL, however, at the end of the day these were not added and ERL resembles RHS as it is today. One difference is the expansion of who would be eligible for ERL – so that individuals with lower algo's would be eligible for the service.
- Intensive Residential Supports (IRS) – Behavioral & Medical will be more specialized for individuals with the hope they will transition into more appropriate settings.
- Intensive Support Coordination -

Recommendations

- This committee would look at the ERL service definition and particularly the requirement of “Well trained staff”
- The service definition states the number of hours but not the type of training – this group will want to seek clarification and make recommendations on further clarifying the definition requirement.
- Intensive Residential Supports - Behavioral and Medical both provide services and supports to individuals who need a more intense level of support. Additionally, both have a requirement that individuals be assessed by the DDRS Clinical Review Team (CRT).
- This team will want look at the types of documentation the CRT will be asking of providers and how that information will be sent to the State. The Implementation Subcommittee has asked the Policy Subcommittee to make this one of their priorities. Providers are collecting data on individuals regularly; however it is important to define what information will be relevant.
- Intensive Support Coordination (ISC) – Look at case management services and define on what that really means. The hope is for the case manager who is providing case management to the individual will become the Intensive Support Coordinator when the individual transitions into more intense service.
- Define what the transition process will look like for the individual providing the case management service.

- ISC providers becoming the point of contact for the CRT- to be the liaison to communicate information back to the CRT so that the CRT is not independently communicating with each provider for that individual.
- Additional information or topics for the subcommittee:
 - Communication and Outreach Strategies
 - How does DDRS introduce the new services to families?
 - How do DDRS explain them?
 - How do we train case managers, staff and providers on the new approaches so that we are consistent?
 - What kind of outreach strategies should we be engaging in to best articulate the implementation as we move forward – effective dates, key milestones, and service definitions.
 - October 1, 2016 is the implementation date for the new waiver – this group may look at target dates in July for providing feedback to DDRS
 - Selection of Services and Budget creation
 - Develop a criteria or guiding points when identifying services in budget creation
 - How do we educate families on the process of what the services are available and how to select a provider when targeted for waiver services?
 - Defining roles in Person Centered Planning and guiding principles.
 - Develop further definition of services – such as Wellness so that providers have a clear understanding and thus may address the underutilization of the service.
 - Individualized Support Plan Development
 - What is the role of the interdisciplinary team and how does everyone work together to develop the ISP – what are the components of the team?
 - Documentation of Services/Individualized Support Team Discussion/Growth and Progress
 - What is expected at the time the new waiver amendments go into effect?
 - Clear definitions on supports for individuals who are currently on RHS - daily when they transition to ERL – what happens to the individuals who have lower algo's – will they be able to stay on RHS daily rate?
 - Develop some guidance on Wellness coordination – each provider has their own interpretation of the definition and processes – Each provider thinks they are doing it the right way but are each doing something different – how do we get consistency?
 - Where is the client choice? When bundling service – Behavior Management for the IRS - need to look at what will work best for the individual – case in point: A provider who is currently providing the residential is now responsible for the behavior management – this is fine if the behavior specialist was previously working with the individual and has developed a history with the individual but if the behavior specialist was working with another organization – how do we make that transition when changes are happening?
 - Look at changes to make sure they do not conflict with the 460 standards.

- Clinical Review Team
 - What kind of assessment will be used to determine the algo level?
 - What are the expectations of documentation and how will information be gathered? Will the CRT have access to Advocare?
 - Team will look at how it will work best operationally for providers to send in information to the CRT?
- Intensive Support Coordination/Transitions and Expectations
 - Look at the ERL service definition, particularly the requirement of “Well trained staff”
 - What kind of curriculum needs to be developed for training?
 - Competency testing for case managers? What would that look like?
 - Requirements in staffing in Behavior Management or Wellness
 - Recommendations for training pockets – on service definitions

Planning Ahead

➤ **February**

- Look at Communication and Outreach Strategies – what are the modes of communication and how get information out to individuals, providers, school corporations etc.

Task

- DDORS will provide the Implementation Subcommittee with copies of each service definition that were submitted to CMS, specifically the definitions that were new, changed or significantly altered so that the group can review just those portions of the amendment.
- DDORS will provide highlights of the HCBS Guidelines.
- DDORS will provide the 460 Indiana Code

Subcommittee Meeting Format Changes

- Increase the meeting time from 10AM – 12PM to 10AM – 3PM
- Meetings will be moved from IGCS to Indiana Mentor – 8925 N Meridian Street, Suite 200, Indianapolis IN 46260

CIH Implementation Subcommittee Meeting Dates:

Date	Time	Place
February 16, 2016	10:00AM – 3:00PM	Indiana Mentor
March 22, 2016	10:00AM – 3:00PM	Indiana Mentor
April 14, 2016	10:00AM – 3:00PM	Indiana Mentor
May 17, 2016	10:00AM – 3:00PM	Indiana Mentor
June 16, 2016	10:00AM – 3:00PM	Indiana Mentor